STRATEGIC PLAN
2011 - 2016

South Eastman Health
Santé Sud-Est

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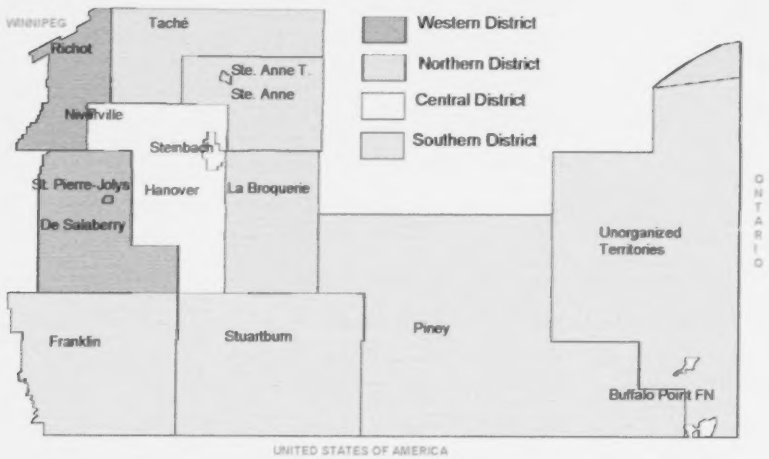
SOUTH EASTMAN

South Eastman is a mid-sized rural region with one of Manitoba's fastest-growing populations, numbering 66,984 in 2009. Located in the south-eastern corner of the province, South Eastman covers approximately 10,000 square kilometres, encompassing 14 municipal divisions, Buffalo Point First Nation, and unorganized territory. To assist health planning, South Eastman has four local planning districts: Western, Northern, Central, and Southern.



Population

South Eastman residents numbered 66,984 in 2009. The region has experienced remarkable growth over the past decade, recording 26% population increase, a rate more than five times the provincial average. This growth trend is expected to continue.

The key driver of population growth is migration into the region, both from overseas and from other areas of the province. Since 1998, South Eastman has acquired nearly 15,000 additional residents, a number greater than the population of the City of Steinbach. Recent overseas immigrants now account for around 10% of regional residents. Growth well above provincial averages has occurred in all planning districts and across all age groups.

The population of South Eastman is younger than the general Manitoba population, with a greater percentage of children under the age of 15 years (24% versus 19%) and smaller percentage of seniors aged 65+ (10% versus 14%). Age structure varies within the region, however: the population of Central District is younger than average for the region, while the population of Southern District is older.

SOUTH EASTMAN

As in the rest of Manitoba, the South Eastman population represents a wide range of ethnicities. Eight percent of residents report using French at home while 12% report using non-official (neither English nor French) languages. Home language varies by district, with the use of French most common in Western and Northern districts, and the use of non-official languages highest in Central District. While the majority of residents report European, British, or French origins, overseas immigration is changing the picture, with at least 40 countries of origin and 25 languages now represented in the regional population. In addition, 9% of the South Eastman population identifies itself as being of Aboriginal heritage, with 87% of these residents reporting Métis identity.

Living standards within South Eastman are mostly in the lower to middle ranges. While rates of employment and participation in the workforce are higher for South Eastman than the general Manitoba population, average employment incomes generally fall below provincial levels. Compared to Manitoba averages, South Eastman workers are more likely to be employed in blue collar than white collar occupations. Women continue to earn less than men. Income levels vary widely by municipality, producing a marked income gradient, from lowest to highest, when moving from the south-east of the region to the north, particularly the north-west. Region-wide, a considerable number of residents suffer from severe economic hardship. As in rural Manitoba generally, education levels are noticeably lower in South Eastman than in Winnipeg.

South Eastman communities show high levels of social capital and strong community networks. Families score their communities well above national averages in safety, quality, social support, and stability. Churches play strong community roles in South Eastman. More than 110 churches serve 60 communities across the region, providing support and practical assistance to their members and the community at-large.

In keeping with other southern Manitoba populations, South Eastman residents record generally better health status than their more northerly counterparts. Average life expectancies for men and women are above provincial averages. Cardiovascular disease and cancer remain the leading causes of death, however rates for South Eastman are average to below average in comparison to Manitoba overall. By far the greatest burdens of illness in the regional population result from mental health disorders (e.g., mood disorders, anxiety, schizophrenia, eating disorders, and substance abuse) and chronic physical illnesses (e.g., cardiovascular disease cancer, diabetes, lung disease, and arthritis).

VISION

To achieve wellness and the best possible health by partnering with individuals, families and communities.

MISSION

To pursue our Vision by providing quality health services supported by evidence-based decision making.

VALUES

We believe in **INTEGRITY** and are committed to being transparent and honest with our staff, our partners, and the communities and people that we serve.

We believe in a **SHARED VISION** and will work with our staff, partners, and community to ensure that a clear understanding of this vision informs all of our planning and work.

We believe in **RESPECT** and recognize the value, equality, resourcefulness and resilience of individuals including staff, volunteers, patients and community members, and are committed to responding with empathy, compassion and respect for community diversity.

We believe in **PATIENT SAFETY** and **SERVICE EXCELLENCE** and encourage all parts of the regional health delivery system to seek creative and innovative solutions to deliver safe, integrated and quality health services while maintaining a willingness to change and openness to continuous learning and improvement.

We believe in demonstrating **PERFORMANCE ACCOUNTABILITY** by providing a safe, responsive and sustainable health care environment through responsible governance and management practices, prudent stewardship of resources throughout the organization, transparency and good communication, and by demonstrating integrity and ethics in the interactions of the total organization.

We believe in **COLLABORATION** and are committed to teamwork, consultation and two-way communication with our partners and regional communities in order to deliver services in the most effective manner while respecting the different needs and priorities of those with whom we work.

History and Mandate

Under Manitoba's Regional Health Authorities Act, within the context of the broad provincial policy direction, regional health authorities (RHAs) are responsible for assessing and prioritizing health needs and goals for geographically-defined populations. RHAs are also responsible for developing and managing an integrated approach to regional health care delivery.

South Eastman Health/Santé Sud-Est, the RHA in South Eastman, is responsible for all acute care, community-based, diagnostic and emergency medical services provided within the region and for health planning across the full service spectrum of care.

Health Services

South Eastman Health/Santé Sud-Est owns and operates the region's four hospitals, located in St. Pierre-Jolys, Ste. Anne, Steinbach, and Vita. In total, the region has 109 acute care beds and 20 extended treatment beds.

There are seven personal care homes in South Eastman, accommodating 334 residents. Three facilities are associated with regional hospitals, in St. Pierre-Jolys, Steinbach, and Vita. Three additional facilities, in Ste. Anne, Steinbach, and Grunthal, are faith-based institutions, while the personal care home in St. Adolphe is privately operated.

The RHA provides a wide range of community-based services through nine community health offices, two primary health care centres, five emergency medical (ambulance) stations, six community health resource centres, and midwifery unit. Community-based programs include Primary Health Care, Home Care, Mental Health, Public Health, and Emergency Medical Services.

Family physicians contracted by the RHA are based in St. Pierre-Jolys and Vita (total seven). Approximately 32 independent fee-for-service family physicians practice in Lorette, Ste. Anne, Niverville, and Steinbach. In addition, three emergency room physicians are based in Bethesda Hospital, Steinbach, while two general surgeons staff the regional surgical program and work at hospitals in Ste. Anne and Steinbach.

Progress in Meeting Strategic Priorities and Objectives 2006–2011

The Strategic Plan provides the foundation for measuring progress toward achieving the goals, and planning for future challenges and new objectives. South Eastman Health/Santé Sud-Est Inc. had developed a comprehensive five year Strategic Plan whereby twelve priority areas were systematically identified to support Manitoba Health's goals for delivery of services in the regional health authorities. While the region identified 12 priorities for the strategic plan of 2006-2011, focusing on one area versus another was necessary to accomplish the ambitious goals on a year to year basis. The region's performance on these strategies was detailed in the region's Annual Reports to the Minister and the Community and by way of the yearly Health Plan Annual Achievement report.

Key achievements for 2006-2011:

Population Growth: Base services have been expanded to meet the increased needs across all programs. For instance, funding was secured for the Long term care strategy and new positions in the mental health program.

Acute Care: Ongoing development and planning associated with the Emergency Department redevelopment project at the Bethesda Campus and the surgical suite in the Ste. Anne Hospital. Implementation of the stroke clinic in 2009, as well as, expanded services in the Ultrasound and CT suites were instrumental in meeting the demands for service.

Long Term Care: Support for the East Borderland housing project leading to government funding approval of elder person housing at the Sprague site. Completion of the Long term care report in 2007, a review of the report in 2010, provided evidence of the need to increase long term care housing options. Long Term Care Strategy funding led to new supportive housing units, Supports to Seniors in Group Living and a Specialized Supports initiative in the Mental Health program.

Primary Health Care: Primary Health Care funding led to the beginnings of a Chronic Disease and Health Management team. Nurse practitioners were established at Niverville and DeSalaberry District Health Centre. A regional primary health care framework was developed and trialed via the Aboriginal Primary Health Care project in the Western District. A new primary health care team was established at the Clear Spring Mall in 2010..

Palliative Care: Recruitment and the development of a wealth of volunteers to assist with care at the end of life. The Palliative Care team was expanded to include a psychosocial program specialist and increased Home Care Nursing time. The team is guided by a Steering Committee representing Home Care, Mental Health, Acute Care and Long Term Care.

Mental Health: Increased services included proctor services, crisis response hours, and enhanced education/awareness for clients, staff and the public. The Mental Health advisory council was established in 2008. The Mental Health program strengthened prevention and healthy living resources and strategies. In 2010, a shared care model was implemented in collaboration with the Steinbach Family Medical Clinic. This resulted in a coordinated approach to client care. The region has been tenacious in the pursuit of the creation of the Crisis Stabilization Unit.

Population Health: Demonstrated commitment to development of community partnerships. During H1N1, ongoing consultation with the municipalities, the business community and local governments was essential to address the needs of the constituents of the region. Dedication to early childhood, literacy, and other population health issues was seen through the Understanding of Early Years initiative, Families First, and Start *Fresh!* programs.

Health Promotion and Illness Prevention/Education: Primary Health Care funding supported the beginnings of a Healthy Living team. Two francophone resource centres were established in La Broquerie and Ste. Agathe. External and internal websites were launched in October 2007 and provided a multitude of resources to the staff and public. In addition, there are numerous ongoing opportunities through all of the community based programs for educational sessions, such as smoking cessation, addictions, and prenatal care.

Research: Community Health Assessment research processes continue to provide robust and vital information for regional strategic planning. Collaboration with school divisions, the Manitoba Centre for Health Policy as well as the University of Manitoba provided access to the region to conduct valuable health research.

Quality: Accreditation was once again attained in March 2008. A Respectful workplace and abuse policy was put in place. A formal process to address client, patient, and family concerns has met the target response time more than 85% of the time.

Patient Safety: Regional patient safety officer hired in December 2007 assisted the region to meet the required organizational practices of Accreditation Canada. Surveys of staff have been completed related to supporting a culture of safety. Patient safety reports identifying trends were provided quarterly to the Board.

Human Resources: Staff development program grew to include educators for the Bethesda Hospital and the Community programs as well as employing a new regional Occupational Health Officer. The addition of these positions increased the support to staff both professionally and practically.

SOUTH EASTMAN HEALTH/ SANTÉ SUD-EST

As we move forward with the development of the next five year strategic plan for 2011-2016, some of the previous priorities will carry forward. For instance as one of the fastest growing areas of the province, population growth will continue to challenge the allocation of resources, both fiscal and human. The Capital Projects in the Acute Care portfolio will also continue into the next five year strategic plan.

The RHA continues to address the distinct needs and challenges of its diverse population, employee recruitment issues, as well as health service access in remote communities, which can present significant challenges and funding implications. Innovation through quality improvement processes and efficient practices will be essential to the health service planning of the region.

ENVIRONMENTAL SCAN

South Eastman Health/Santé Sud-Est is firmly committed to health planning and decision-making based on and directed by evidence.

South Eastman's Environmental Scan summarizes information drawn and updated from the region's Comprehensive Community Health Assessment (CHA) 2008/09, which reports a wide range of regional, provincial, and national statistics. These include data tracked and collated by Manitoba Health, the Manitoba Centre for Health Policy, the Canadian Community Health Survey, Statistics Canada, the Public Health Agency of Canada, and Health Canada, together with information routinely gathered by the RHA in South Eastman for monitoring and planning purposes. The Environmental Scan also considers key volume, fiscal, resource, and other factors relevant to the regional situation, as well as trends over time.

In addition, the Environmental Scan includes findings from the wide range of community consultations undertaken as part of the region's CHA 2008/09. The CHA process recognizes that statistics alone cannot paint a complete picture of health in populations, since many community realities are simply not reflected in numbers. Consultations were therefore undertaken to gain better understanding of health and health care issues affecting the region's Métis communities, youth and young adults, and older adults. Extensive consultations were also conducted to assess the status of primary health services in South Eastman, which form the underpinnings of regional health care delivery. Through community consultations, regional residents, physicians, other service providers, and key stakeholders were able to share their first-hand knowledge and experiences of health and health care in South Eastman and to provide the RHA with invaluable advice and direction for the health planning process.

Population Growth

South Eastman has experienced 26% population increase over the past decade, a growth rate more than five times the provincial average. Increases well above provincial averages have occurred in all planning districts and across all age groups.

South Eastman's growth has resulted in part from natural increase, with birth rates consistently above Manitoba averages. Nevertheless, the principal driver of population growth is migration into the region, both from overseas and from other areas of the province.

Key Findings

- Since 1998, South Eastman has seen a net gain of nearly 15,000 residents, a number greater than the population of the City of Steinbach. South Eastman's population increase accounts for around 26% of the total growth in Manitoba's population.

- Growth has occurred over all districts but has been particularly strong in Central District, which has recorded 45% increase – over 9,000 additional residents – accounting for two-thirds of the region's growth.

- Growth well above provincial levels has also occurred across all South Eastman age groups, with residents under 40 years of age and age 40+ contributing fairly equally to the region's overall population increase. Central District has recorded dramatic increases in all age groups, while growth in other districts has occurred primarily in the age group 40+.

- Recent immigrants from overseas now account for around 10% of the South Eastman population. While the majority of immigrants over the past decade are of German-Russian origin, the profile of overseas immigrants is gradually changing with increasing numbers coming from other areas of the world.

- 50% of overseas immigrants are under age 19. The vast majority have settled in and around Central District. As a result, communities in these areas have increasingly high numbers of very young families.

- Births to South Eastman families have increased 50% over the past decade.

Pressures on RHA Services

All South Eastman programs and services are experiencing significant and steady volume increases.

Funding for health services in South Eastman has not kept pace with population growth. Since regionalization (over 10 years ago) per capita (per person) funding to South Eastman has been well below provincial averages. Over time, South Eastman's per capita funding relative to other regions has declined even further due to dramatic population growth. Despite above average annual funding increases in some years, the region's per capita funding was just 46% of the provincial average and 67% of the rural/northern average for the fiscal year ended March 31, 2009. This presently represents a funding gap, per person, of over $500 annually (a total of approximately $35 million for the region).

Key Findings

- Pressures on Public Health programs – including post-partum follow-up, immunization, family health, and school health – continue to escalate. Volume demands include 50% increase in births, 100% increase in childhood immunizations, 20-30% increase in school populations, and a tripling of child health clinics needed in the regional centre, Steinbach.

ENVIRONMENTAL SCAN

- Use of the South Eastman midwifery program has risen sharply since its inception in 2000. It has proven crucial to meeting the needs of German-Russian immigrant women, who tend to have large families and preferentially seek services from midwives. Demand for midwifery services continues to outstrip resources. While the program accepted 134 women into care in 2008/09, a further 120 women could not be accepted because caseloads were full.

- The Community Mental Health Program has experienced marked volume increases. Caseloads continue to rise steadily for adults, children and adolescents, the elderly, and intensive case management. Adult caseload increased 54% between 2004/05 and 2008/09. For all client services, caseload: EFT ratios now exceed provincial recommendations.

- Over the past decade, South Eastman's population aged 65+ has increased at rates well above provincial averages: 22% vs. 4% for the age group 65-75; 23% vs. 11% for the age group 75+. Consequently, use of South Eastman's Home Care services has risen steadily. Average monthly Home Care case counts have grown 40%. Service intensity has also risen markedly as demonstrated by average monthly units of service provided by Health Care Aides, which increased 30% in the same period.

- Despite the steady rise in the region's senior population, the number of personal care home (PCH) beds allocated to South Eastman has remained fixed for more than 15 years. As a result, the region's PCH bed supply has now fallen to 104 beds per 1,000 residents age 75+, below the target level of 110 beds per 1,000 residents age 75+ recommended in the Manitoba Health Long Term Care Guidelines 2005.

- Hospital-based services have also experienced steadily increasing pressures. Over the past 10 years, Bethesda Hospital, Steinbach, has experienced 40% rise in emergency room visits with marked increases in severity levels. Since 1999, births in South Eastman hospitals have increased 32% and Community Cancer Programs patient visits have more than doubled.

- The regional Emergency Medical Services program has experienced highly significant volume increases. Primary response volumes are now almost three times the level recorded in 2002.

- Family physician service volumes have risen 35% over the past decade. The burden of increase has fallen largely on Steinbach family physicians, who account for the majority of services provided in the region. Residents of Central District, which has experienced significant growth, receive 90% of family physician services in-region.

ENVIRONMENTAL SCAN

Access to Primary Health Services

Primary (basic, local) health services form the underpinnings of health care. They represent the first point of contact for health problems and the doorway to the entire health system. The core primary health service provider is often the family physician but may also include a variety of local health professionals whose services can be accessed directly, without need for physician referral. The availability, accessibility, and quality of primary health services govern the health system's ability to improve population health status, both current and future.

Population growth, and the resulting fiscal constraints, are severely challenging South Eastman's ability to meet the increasing primary health service needs of regional residents.

Consequently, extensive consultations with regional stakeholders on the status of primary health services in South Eastman were undertaken as a key component of the region's CHA 2008/09. Stakeholder groups consulted across the region included community members, primary care physicians, and a broad range of other primary health service providers.

The consultations found that, in all planning districts, regional communities identified the need to improve access to primary health services as their leading health issue of concern. While South Eastman's primary health services are generally held in high regard, there is very strong support among all stakeholder groups for moving forward on new and different delivery models that integrate the range of primary health services around client needs.

Key Findings

- Top priority for residents is achieving greater continuity of care from doctors who know and understand them. Communities want the RHA to increase physician numbers, reduce physician turnover, and expand hours of service.
- Residents and health providers alike are highly supportive of new and different primary health service delivery models, including greater use of nurse practitioners and other providers as alternatives to primary care physicians.
- One of the major barriers to service access and satisfaction is the complex nature of the health system, which many residents find confusing, impersonal, and intimidating. Communities ask the RHA to make navigating the health system easier by helping to coordinate information, communications, and the logistics of accessing care.
- The RHA is urged to improve communication among service providers, which often seems disjointed and fragmented from the resident's perspective. The preferred direction by far is to provide primary health services in the context of an integrated health care team.

- All stakeholder groups believe that electronic health records are important tools to facilitate better communication and service coordination.
- Communities see better access to health information and education, particularly around prevention and health promotion, as another key factor in strengthening local health services. Easy-to-find information on the available health services is desired.
- Communities encourage the RHA to make greater use of technology and other methods of communication, including Internet, email, and newsletters.

Mental Health

South Eastman's Community Mental Health Program is also experiencing steady volume increases. In keeping with the growth of all regional age groups, demands have risen in all program areas: Adult, Child and Adolescent, and Mental Health for Older Adults.

Key Findings

- The prevalence in South Eastman of residents aged 10 and older diagnosed with mental health disorders has increased significantly over recent years, affecting 22% of the overall population. Statistically significant increases have also occurred for diagnoses of depression, anxiety disorders, and dementia.
- In the 2008 Youth Health Survey, 37% of South Eastman youth in grades 9-12 reported feeling so sad and hopeless in the past 12 months that they stopped doing usual activities. A further 29% reported binge drinking, while 15% indicated recent use of illegal drugs.
- The South Eastman Mental Health program provides services for approximately 1,000 residents each month.
- Program caseloads continue to rise steadily. Adult caseload increased 54% between 2004/05 and 2008/09. Mental Health for Older Adults has seen 33% caseload increase over the past three years, with 150% increase in requests for psychiatric services.
- In all program areas (Adult, Child and Adolescent, and Mental Health for Older Adults), caseload: EFT ratios now exceed provincial recommendations.
- In 2008/09, the region's Mobile Crisis Team responded to more than 1,800 calls, 60% increase over 2003/04.
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- There is a growing need for appropriate housing for individuals living with mental health problems and for a crisis stabilization unit so that clients can receive crisis intervention closer to home.

- Mental health was identified as a major issue throughout all community consultations conducted for the CHA 2008/09. Communities call for more information to raise awareness of the mental health services available, more services of a preventive nature, improved access and help in dealing with the stigma of mental illness, and better communication between the mental health program and primary care physicians.

Ownership and Responsibility for Personal Health

Consultations with South Eastman communities have underscored residents' very strong desires to understand their own health and be in charge of their own health decision-making. Community members recognize that many health care visits could be avoided if people had basic health knowledge and access to direction and support. They want to be "informed" health care consumers.

Key Findings

- Residents believe that the key to greater individual ownership and personal control over health is better access to health information and education. This applies particularly to the areas of disease prevention and health promotion.

- Residents feel strongly that information on regional health services and how the health care system operates should be easier to find, together with clear direction on how to access services, within and outside regular service hours.

- Residents call on the RHA to clearly communicate information about health, the health care system, and available services in a variety of traditional and non-traditional ways, including health care directories, newsletters, workshops and information sessions, discussion forums, and health information centres.

- Residents also believe that they could take greater responsibility for their own health and that of their families if they could readily get information and direction on immediate health problems. They identify that many situations require only reassurance or simple advice but this is hard to come by, especially out-of-hours. Residents want the RHA to support their independence by improving access to information and providing additional help to triage health concerns.

ENVIRONMENTAL SCAN

Population Aging

Population aging is gathering momentum, with the year 2011 heralding entry of Canada's baby boom generation into the senior years. In the coming first decade of the "baby boom effect", the Manitoba Bureau of Statistics forecasts 60% increase in the province's population of younger seniors aged 65-74 years, with the years to follow anticipating major growth among older seniors aged 75+, who are by far the biggest users of long term care services. South Eastman enters this challenging period with long term care services already under strain. Numbers of elderly residents have been building steadily for more than ten years, producing considerable service pressures that will increase rapidly from now on.

Key Findings

- South Eastman has experienced large and steady growth of older adult populations. Comparatively, population increases greatly exceed Manitoba averages: 22% vs. 4% for residents aged 65-74 years; 23% vs. 11% for those aged 75 + years. This trend will escalate over the next decade and beyond.
- Long term care beds are indispensable to meeting the care needs of older residents suffering significant physical and/or intellectual deterioration. The steady decline in South Eastman's personal care home bed supply, related to above-average growth in the senior population, will intensify over the next 10-20 years. Additional Long Term Care beds (personal care home or supportive housing) will be required to safely and appropriately care for residents requiring intensive supervision and support.
- The Home Care program is pivotal in maintaining older, disabled individuals in their own homes for as long as possible. Demands on South Eastman's Home Care program have risen markedly over the past decade and will intensify with accelerated growth of the senior population. The regional Home Care program will require increased support and resources to meet the growing needs of vulnerable seniors.
- Community-based support services enhance quality of life and conserve more expensive health care resources by reducing reliance on Home Care and preventing or deferring institutional care. South Eastman's resource base for services within this first level of support for seniors living in the community will require further development and expansion. Services currently include congregate meal programs, community resource coordination, adult day programs, supports for seniors in group living, and specialized supports.

- The needs and abilities of older residents change gradually over time, requiring a range of sheltered housing offering increasing levels of care. Accelerated growth of the region's aging population will increase the need for additional senior housing options, including affordable housing for low-income seniors. The RHA must continue to support communities in the development of housing options for seniors and advocate for equitable access to a full range of affordable housing options.

- Growing populations of older adults will substantially increase the number of individuals living with dementia, which already affects 10% of South Eastman residents aged 55+. Caring for individuals experiencing dementia, aggression, and challenging behaviours will require appropriate environments, staff and public education, and support for caregivers and families.

- The overall health of the senior population significantly affects use of health care services. Older adults and younger seniors who maintain healthier lifestyles are less likely to need special care environments as they age. Appropriate management of chronic disease, to prevent complications and deterioration, reduces demands on limited resources. The RHA must continue to develop primary health care resources supporting prevention strategies, healthy lifestyle approaches, and chronic disease management.

Health Service Inequities

The health of populations varies considerably according to age and gender, social and economic conditions, the physical environment, and access to quality health services. There are many ways in which these factors interact to influence health and health care situations. South Eastman identifies a number of distinct population groups with unique health issues and health care needs.

Key Findings

- Many South Eastman residents live in very small, remote communities characterized by aging populations and relatively low standards of living. Social support systems are weakening, with fewer younger adults available to help maintain the elderly in their home communities. For all residents, access to health services is challenged by distance, economic hardship, and lack of transportation. Residents of remote communities urge the RHA to consider innovative ways of delivering basic services locally, invest in more community-based resources for illness management and support, and focus health service planning and delivery on supporting the independence of older adults.

- South Eastman has been experiencing high levels of overseas immigration for over a decade and the trend is expected to continue. Recent immigrants now account for around 10% of the regional population. To date, the immigrant population is largely non-English speaking and characterized by very large young families. Increasingly, newcomers are arriving from diverse parts of the world with the regional population now representing at least 40 countries of origin and 25 languages. The RHA is constantly challenged, not only to accommodate increased service volumes, but to meet the needs of recent immigrants for language- and culture-appropriate services and resources, particularly in the areas of perinatal, family, and mental health and in the delivery of emergency services.

- Young people aged 15-24 years form a significant and growing proportion of the South Eastman population. In this age group, health behaviours account for 50% of health status. The most serious, costly, and widespread health problems are all potentially preventable. In addition, unhealthy behaviours established during these years set the foundations of the chronic diseases causing major mortality and morbidity in adults, while three-quarters of all life-long mental disorders begin by 24 years of age. South Eastman consulted with youth and young adults and with their service providers as part of the CHA 2008/09. The RHA was strongly encouraged to focus on youth-appropriate health services, particularly mental health and overall health promotion, provide health information in alternate ways making greater use of technology, and examine service options specific to youth and young adults

- Early childhood is a key period for growth and development. A good start in the first few years of life is critical for long-term health and well-being. Healthy children form the foundation of healthy societies. The RHA in South Eastman has been involved in early years research for over 10 years. Evidence from local communities shows that many of the region's young children experience challenges that stand in the way of future learning, progress through school, the likelihood that they will graduate from high school, and their chances of future success and well-being as adults. Many boys entering kindergarten exhibit aggressive and hyperactive behaviours; children whose first language is neither English nor French are highly likely to experience delays in vocabulary development, as are children living in low income families who are also less likely to participate in early childhood activities such as organized sports or lessons. The RHA must continue to share information on early child development with regional communities to support families, communities, and schools assess the challenges they face and the extra effort and resources required to help young children overcome early barriers.

- The number of South Eastman residents reporting Aboriginal identity has increased 43% over the past decade. Overall, 9% of the regional population identifies itself as being of Aboriginal heritage, with 87% of these individuals reporting Métis identity. Statistical evidence indicates that South Eastman's Métis residents share the relatively good health status of the general regional population. Residents of Métis communities, consulted in the CHA 2008/09, agreed with this finding. However, they identified a growing need for the RHA to acknowledge residents of Aboriginal heritage and develop strategies to increase knowledge and understanding for staff and community members around Aboriginal health issues and how cultural influences impact family and health.

STRATEGIC PRIORITIES

Based on the accumulated body of evidence summarized in the Environmental Scan, the RHA Board has defined five Strategic Priorities for the period 2011-2016.

- Strengthening regional primary health services
- Enhancing regional mental health services
- Fostering greater individual ownership and responsibility for health
- Addressing the expanding health needs of the region's aging population
- Achieving more equitable health service delivery across regional populations

In addition, the RHA Board has defined five evidence-based Strategic Themes that will guide all health services designed to meet the region's Strategic Priorities throughout the five-year planning period. These themes demonstrate a commitment to quality improvement processes and efficiency of practices.

- Continuing focus on patient safety
- Continuing focus on quality
- Addressing the impacts of regional population growth
- Strengthening communications among service providers and with the community
- Focusing on the recruitment and retention of health care professionals

The intent of the theme areas is to ensure that, as the RHA plans for achieving its Strategic Priorities over the next five years, these areas inform evidence and underlie the decision-making processes of the Management Team.

STRATEGIC PRIORITIES SUMMARY

STRATEGIC PRIORITY	LINKS TO ENVIRONMENTAL SCAN	MANITOBA HEALTH GOAL (PRIMARY)
Strengthening regional primary health services	▪ Population Growth ▪ Pressures on RHA Services ▪ Access to Primary Health Services	Achieve a sustainable health system
Enhancing regional mental health services	▪ Mental Health ▪ Pressures on RHA Services Access to Primary Health Services	Optimize the health status of all Manitobans
Fostering greater individual ownership and responsibility for health	▪ Ownership and Responsibility for Personal Health ▪ Access to Primary Health Services	Optimize the health status of all Manitobans
Addressing the expanding health needs of the region's aging population	▪ Population Aging ▪ Pressures on RHA Services	Improve quality, accessibility, and accountability
Achieving more equitable health service delivery across regional populations	▪ Health Service Inequities ▪ Population Growth ▪ Access to Primary Health Services	Achieve a sustainable health system

STRATEGIC THEMES	
PATIENT SAFETY	Continuing focus on patient safety
QUALITY	Continuing focus on quality
POPULATION GROWTH	Addressing the impacts of regional population growth
COMMUNICATIONS	Strengthening communications among service providers and with the community
RECRUITMENT & RETENTION	Focusing on the recruitment and retention of health care professionals

STRATEGIC PRIORITIES SUMMARY

BOARD DOMAIN	MANAGEMENT DOMAIN	MANITOBA HEALTH REPORTING
Strategic Priority	**Operational Strategies**	**Performance Measures: Big Dot**
Strengthening regional primary health services	▪ Increased continuity of medical services. ▪ Increased integration of primary health services delivery. ▪ Appropriate provision and use of emergency department services.	Increasing access to primary health care services.
Enhancing regional mental health services	▪ Increased awareness of available mental health services. ▪ Enhanced regional crisis response services. ▪ Enhanced integration of mental health services. ▪ Increased opportunities for residents to understand and manage their own health.	Increasing integration of mental health services.
Fostering greater individual ownership and responsibility for health	▪ Enhanced access to quality health information. ▪ Enhanced individual and community capacity to support self management of chronic conditions. ▪ Enhanced individual and community capacity to make healthy choices.	Increasing community participation in Health Promotion and Prevention Programs.
Addressing the expanding health needs of the region's aging population	▪ Long-term care services responsive to population. ▪ Strengthening community supports and reduced social isolation.	Increasing access to programs and services to support seniors aging in community.
Achieving more equitable health service delivery across regional populations	▪ Increased access to primary health services for identified vulnerable populations.	Primary health services available and accessible for the region's identified vulnerable population groups.

STRATEGIC CAPITAL NEEDS

Hospital-based programs and services that cannot meet current demand combined with a growing population that does not have access to sufficient primary care services is the spring board for a set of unique health capital project challenges in South Eastman Health/Sante Sud-Est.

Unlike other regions in Manitoba, South Eastman's sustained and continuing population growth puts pressure on all aspects of health capital infrastructure from primary care facilities to hospitals and from diagnostic space to long term care facilities. South Eastman has experienced a 26% population growth over the last decade (more than five times the provincial average) but has not experienced a complimentary investment in health capital projects to allow services to keep pace with demand. The result is growing wait lists, increased referrals to already overburdened Winnipeg-based health services, and band-aid solutions that are not sustainable.

Program data, independent research, and the RHA's Community Health Assessment clearly demonstrate the need for a four-pronged, inter-related health capital strategy to address existing need and to build capacity to address future needs, as well as to push innovative health care intervention upstream where possible.

Strategic Capital Priority One – Bethesda Campus Redevelopment

- New Operating/Surgical Suite
  - Existing infrastructure (circa 1964) does not meet current standard;
  - Recruitment of additional surgeon hindered by obsolete infrastructure;
  - Heightened patient safety risk due to increase risk of surgical site contamination based on operating theatres being too small for current procedures (equipment overcrowding, mechanical electrical challenges, etc.);
  - Opportunity to repatriate regional resident surgery from Winnipeg, reduce wait times, and offer Winnipeg surgical team ready space.

- Co-located Rehabilitation, Secondary and Ambulatory Services
  - Redevelopment of the existing Community Services building to accommodate a variety of health services that need to be in close proximity to hospital but should not be in hospital based on current infection control standards, safety standards, and impact on acute space needs (e.g. Rehabilitation services, secondary services, wound care, the Interim Treatment Unit, PCH awaiting placement).

- Increased Acute Care Beds
  - Redevelopment of the Medicine ward from 1964 standard to current standard with increased beds;

  - Co-located services outlined above permit opening of existing space to additional acute beds.

Strategic Capital Priority Two – New Access Centre (Primary Care Centre)

- New Access Centre (Primary Care Centre) for Steinbach
  - Partnership between RHA programs (mental health, home care, public health), housing, family services, and fee-for-service physicians provides an opportunity to take pressure off regional emergency departments, creates increased service access for residents, and establishes a framework for reductions in service duplication;
  - Increased opportunity for partnership and integration of family physician services across the region;
  - Increased recruitment opportunities for physicians, nurse practitioners, private physiotherapy, chiropractic, etc.

Strategic Capital Priority Three – Expanded Emergency Medical Services (EMS)

- Ile des Chênes EMS Station
  - Allows region to meet or exceed EMS response standards across region by reducing need to geo-post ambulances;
  - Addresses needs of growing population in northwest corner of RHA.

- Piney EMS Station
  - Allows region to meet or exceed EMS response standards across region by reducing need to geo-post ambulances;
  - Addresses most remote corner of RHA and reduces reliance of residents on USA-based EMS in Warroad, Minnesota.

NOTE: Although Dominion City EMS Station is not a capital project (infrastructure available from community via existing vacant fire hall) it is part of this strategic priority because it allows region to meet or exceed EMS response standards across region by reducing need to geo-post ambulances; and provides increased service opportunities for South Eastman RHA to respond to EMS calls in most southeastern portion of Central RHA.

Strategic Capital Priority Four – Increased Long Term Care Beds

- Niverville 60-bed Personal Care Home
  - Replaces obsolete/past shelf life of PCH in St. Adolphe;
  - Repatriation opportunity for Steinbach PCH residents from Niverville/St. Pierre/Ile des Chênes area thus freeing up PCH beds in Steinbach;
  - Increased PCH beds allows for greater flexibility of in-region bed management (fewer transfers out of region).

STRATEGIC CAPITAL NEEDS

- Expansion of Steinbach personal care home beds
  - Addresses current wait time challenges;
  - Builds on existing capacity to provide increased need for regional PCH beds over next 25 years.

- Supportive Housing Expansion
  - Opportunity for seniors to age-in-community longer through 'block' home care service delivery;
  - Continuum of care model.

- Flexible Model of Long Term Care in Southern District (East Borderland)
  - Builds on approved elder housing at East Borderland site in Sprague;
  - Combo PCH – Supportive Housing Swing beds allow for longer aging-in-place;
  - Opportunity to develop and evaluate unique long-term care model that may be transferable to other rural and remote areas of the province and Canada.

When planning new facilities and services the RHA keeps in mind cultural and linguistic needs of the growing ethnic diversity in our population and designs facilities and programs to maximize benefits to the region's constituents.

South Eastman Health/Sante Sud-Est is committed to partnering with foundations and other community stakeholders to realize its strategic priorities.